

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033625

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8366

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ST. LOUIS, MISSOURI

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION BARNES HOSPITALInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

COUNTY Wayne

c. CITY OR TOWN

Wayne City

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
Oral TownshipReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First William

Middle Reid

Last Fleming Jr.

4. DATE OF DEATH

Month August

Day 15

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

1-24-13

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lineman

10b. KIND OF BUSINESS OR INDUSTRY

Electric Co-Op

11. BIRTHPLACE (City and state or country)

Wayne City, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm. R. Fleming Sr.

13b. MOTHER'S MAIDEN NAME

Mary Reid

14. NAME OF HUSBAND OR WIFE

Dorothy Fleming

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Dorothy Fleming Wayne City, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of colon with metastases to cerebellum 1 yr.

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

153.8

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/23/63

to 8/15/63

and last saw him alive on 8/15/63

Death occurred at 4:00 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

8/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

8-17-63

23c. NAME OF CEMETERY OR CREMATORY

Thomason Cemetery

23d. LOCATION (City, town, or county)

Wayne City, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Richardson F. Home Wayne City, Illinois

25. DATE RECD. BY LOCAL REG.

AUG 16 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

6001

812

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by John Embalmed, Student Embalmer No. _____,
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed Joseph J. Kasaly
 Licensed Embalmer No. 7541

P. O. Address E. St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.